

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90022 027 ***150.00

DOCUMENT # P99000058482

1. Entity Name
WILSON & MIKA, P.A.



Principal Place of Business
**1960 STICKNEY POINT ROAD
SUITE 207
SARASOTA, FL 34231**

Mailing Address
**1960 STICKNEY POINT ROAD
SUITE 207
SARASOTA, FL 34231**

94025224



2. Principal Place of Business
397 INTERSTATE BLVD
Suite, Apt. #, etc.

3. Mailing Address
397 INTERSTATE BLVD
Suite, Apt. #, etc.

03022004 Chg-P CR2E034 (10/03)

City & State
SARASOTA, FLORIDA
Zip **34240** Country **U.S.A.**

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SARASOTA, FLORIDA
Zip **34240** Country **U.S.A.**

4. FEI Number
65-0940641 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIKA, MARCELLA M
1960 STICKNEY PT. RD. STE#207
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name
MIKA, MARCELLA M.
Street Address (P.O. Box Number is Not Acceptable)
397 INTERSTATE BLVD
City **SARASOTA** FL Zip Code **34240**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **MIKA, MARCELLA M**
STREET ADDRESS **1960 STICKNEY PT. RD.-STE#207**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **DVPS** ☐ Delete
NAME **WILSON, VICKI M**
STREET ADDRESS **1960 STICKNEY PT. RD. STE#207**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **MIKA, MARCELLA M**
STREET ADDRESS **397 INTERSTATE BLVD**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **DVPS** ☒ Change ☐ Addition
NAME **WILSON, VICKI M**
STREET ADDRESS **397 INTERSTATE BLVD**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

Daytime Phone #